

# HCSIS Alert!

Department of  
Mental  
Retardation

Two more Amendments have been made to the guidance for Incident Reporting. The first concerns, what might be called, "Minor Assaults" and the other is about Guardian Notification. See the Amendments Page on the DMR web page for details.

The Amendments Page can be found under "Key Initiatives", "HCSIS", "Incident Management", "IM Documents".

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with questions.

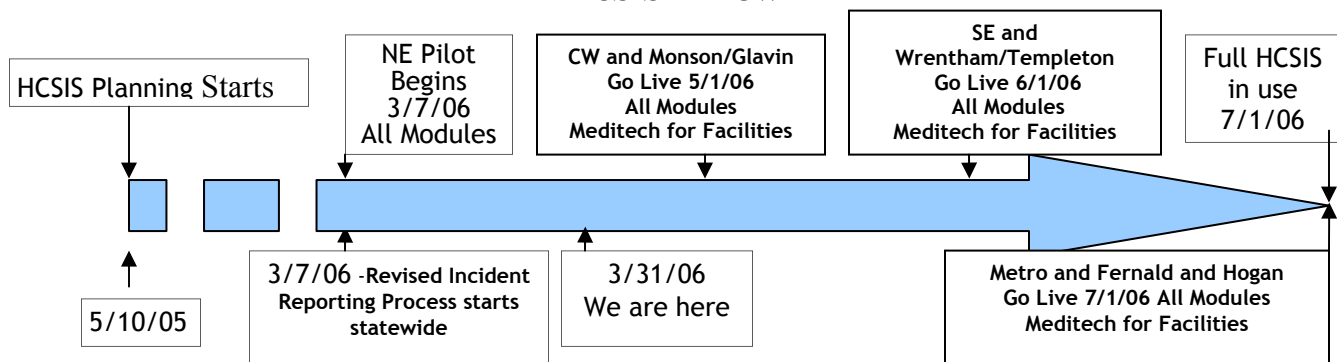
## ANNOUNCEMENT: New Amendments

1. Based on experience in the Northeast Pilot Region for HCSIS, for Client to Client or Client to Staff contact that needs to be reported but does not meet the threshold for "Assault", which is a Major Incident, use the "Other" primary category and the "Other" secondary category and describe the nature of the contact. The HCSIS General System Design Team will evaluate the creation of an additional category, perhaps something referred to as "Minor Assaults" to address this type of incident. In the meantime, report these events as described above.
2. Whenever a Major Incident occurs, the guardian of the individual should receive immediate verbal notification that the incident has occurred. For minor incidents, arrange a discussion of if and/or how the guardian would like to be notified and record the decision that results from this discussion in the individual's record. Written reports should be sent to guardians only upon their request and not as a routine practice.

**VIRTUAL GATEWAY:** The Virtual Gateway is planning an infrastructure upgrade sometime in April to help increase user capacity. After the upgrade, the Web site address (the URL name) will change. The current URL will continue to work by forwarding the user automatically to the new site for about two weeks after which it will no longer work and you will need to make sure you have the new web site available.

**REMINDER:** Only the Pilot region, the Northeast, is using all the new forms and formats for all the modules. The remainder of the state should be using only the new paper incident report and process. All other modules - Restraints, MORs and Health Care Records should be reported and completed using the existing forms and processes. Once a region goes live with HCSIS, all providers in that region will begin using the revised forms and processes.

## HCSIS ARROW



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The CentralWest Implementation Team has been created and has started to plan the HCSIS roll-out for that region to begin on 5/1/06. Meetings with DMR staff and Providers have been planned and scheduled.

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**METRO HAPPENINGS:** On March 7, 2006, Metro Region Providers, like Providers across the state, began submitting paper incident reports to the area offices. The Metro region has started preliminary discussions about HCSIS Pre-Go-Live activities. Discussions have focused around identifying Regional and Area Office staff that can authorize role changes in HCSIS. Discussions have also begun about the structure of the Regional and Area Implementation teams in Metro. Metro has held combined Meditech and HCSIS meetings with regional and area representatives as part of the overall DMRIS initiative.

**NORTHEAST PILOT NEWS:** The Pilot in the Northeast Region will end on April 7, 2006. In preparation for that day, the Northeast is holding a debriefing to be held on April 6, 2006. Information about what has transpired during the roll-out is being collected and will be analyzed. Lessons learned will inform future implementations. Both fixes to the HCSIS software system that have already been made and proposed enhancements to the system will need to be reviewed. The benefits to the other regions will be a more trouble-free roll-out and a smoother transition to electronic reporting.

**FACILITY NEWS:** Prior to the March 7 start date for the new Incident Reporting process, the facilities were conducting test runs of the paper incident reports using real incidents which enabled them to bring all the appropriate staff into the process. The facilities will be going live with both Meditech and HCSIS at the same time. Monson and Glavin will be first, on 5/1/06. Wrentham and Templeton will follow on about 6/1 and Fernald and Hogan about 6/26.

**FOR YOUR CONSIDERATION:** We have encountered examples of incidents being reported that should not have been. When we return to the guidelines and definitions we are helpfully reminded of what the definition of a reportable incident is and can interpret the specific instance correctly. There are always those situations which are gray. For both Providers and DMR staff, if the event does not meet the threshold for one of the categories listed in the definitions and guidelines, then you need to consider that perhaps it should not be reported through the incident reporting process and perhaps there might be another mechanism more appropriate for handling the event.

With some review of written information available on the DMR web site, the Alerts!, other instructional materials and perhaps a conversation with someone in the Area Office, whether and what to report becomes clearer. Please reference your materials frequently; since this is not the same old process we all once knew and grew very comfortable with, we will need to become familiar with it once again.

**REMEMBER:**

1. Share this Alert! with other people in your organization
2. Call Hans (617) 624-7781 or email at [Hans.H.Toegel@state.ma.us](mailto:Hans.H.Toegel@state.ma.us) with questions